

VENDEDOR NAME

ADDRESS (If not on invoice)

PAYING ENTITY	NSA CO #	INC #
HYATT CORPORATION	3100	N/A
CALIFORNIA HYATT CORPORATION	3110	N/A
MG, INC.	2000	200
ROSEMONT PURCHASING	3221	N/A
GOLD PASSPORT	9100	N/A

CL/ACCT
Approval

GL/ACCT
Approval

SPECIAL REQUESTS:

<input type="checkbox"/>	EXPLANATION TO APPEAR ON CHECK, (16 CHARACTER LIMIT)	M. Crompton
<input checked="" type="checkbox"/>	RETURN CHECK TO <u>Executive Kelly Cullen</u>	EXT # <u>8083</u>
<input type="checkbox"/>	PAYMENT MUST BE RECEIVED BY VENDOR BEFORE _____	
<input type="checkbox"/>	FEDERAL EXPRESS (COMPLETED FEDERAL EXPRESS FORM MUST BE ATTACHED)	
<input type="checkbox"/>	BILL BACK (COMPLETED FORM MUST BE ATTACHED)	

COPPER ALY.

APPROVALS:

NP AURITI

DATE: _____

DATE: _____

DATE:

DATA